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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/670,457 09/26/2000 ABN  
 which is a CON of 09/194,290 11/23/1998 ABN  
 which is a 371 of PCT/SE98/01599 09/09/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

SWEDEN 9703407-8 09/19/1997

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/03/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

26164

**TITLE**

USE FOR BUDESONIDE AND FORMOTEROL

<b>FILING FEE RECEIVED</b> 2590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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